				STM	ENT	NOT	TICE	_	ACCOUNTS RI	ECE	EIVAB	LE (A/R)											DC	CUMI	ENT	IUME	BER			
STD. 674 /				I FR'S	OFFIC	E. I	(2)	200	CIAL SECURITY		(3)										(4	4)	P	OSITIO	ON NI	JMB	ER			
(1) TO STATE CONTROLLER'S OFFICE: ADMIN. & DISBURSEMENTS PPSD/PAYROLL SERVICES PPSD UNIT DESTINATION:							-/	300	NUMBER	(0)		NA	IAME AGENCY								UNIT C				SS		SEF	RIAL		
													1																	
						-	CHANG	E	METHOD OF COLL	ION		REMARK	(S:						+				-			+		-		
										ION			2																	
ПРА	YROL	1		BENEI	FITS	L	DEDU	CTION	NCY COLLECTION TO PAYRO N - BALANCE TO BE COLLEC	TED	\$	NET																		
						.			ROLL DEDUCTION TO AGENC IN - BALANCE TO BE COLLE		\$	NET																		
	SABIL				on USF	_						NET																		
RE	TIRE	MENT		DEDU	CTION	S			AYROLL DEDUCTION A/R																					
(5) EST	ABLIS	SH/CO	RREC	T/ADJ!	UST		PLEA	SE RE	FUND AMOUNT COLLECTED		\$	NET																		
ASI			BELO						ECTION OF PAYROLL DED	UCTIO	N																			
	ACC	DUNTS	RECEIVA	ABLE			PLEA	SE RE	FUND AMOUNT COLLECTED		\$	NET	DATE	:e/LJ	OII	DS C	IAC	DOCK:												
REDEPOSIT WITH A/R						REVE	RSE A	AGENCY COLLECTION A/R									0 11	12 13 14	15	16 17 18 19	9. 20 2	1 22 2	3 24 2	25 26	27 28	29 3	30 3	1		
	TRANSFER OF FUNDS WITH A/R																T													
(6)	7					PAY		'PE		T	TIME	WORKED		T _w	Γ											CCT	DEC		-	2
	POSITION	ISSUE DATE			1	PERIO	D	ARY TYPE	SALARY	-	T		FRAC.	GROSS TYPE	TYPE	SUFFIX	CODE	EARNINGS I.D.	CODE	GRO	oss	1	NET P	ET PAY			REC.	, i	SED	HELD BY CONTROLLER
	POS							SALA	FULL				FRAC.	ROSS	MT. T	PAY SI	ADJ. C		SHIFT						WA	ARRA	ANT N	0.	ELEA	ELDI
A		MO.	DAY	YR.	Т	MO.	YR.	107		STD	DAYS	HOURS		0	<u>a</u>	0	4		S				10,01		+		+	- 1	2 0	Z II O
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AGI	ENCY	COLLE	CTION						(NO.) DEDUCTIO		BEGINN	ING										EMPLOYI ROPRIATI								
PAY				(Specify					WITH PAY PERI	OD_												ED OF TH							ги	7.40
				OM NEX				2% (OF SALARY RATE OR	1/12	OF AC	COUNTS RECE	IVABLE NE									TITTING TO RESPO		1/4 A/	K, IF	IE E	MPL	JIE	EN	AS
(7) CON	PLET	ED BY						TE	ELEPHONE NUMBER	AND	EXTEN	ISION																		
								()											ct in acco	rdar	nce with B/C	Rule	660.	•					
FROM (Agency Name)													IORIZE	ED S	SIGNATURE									DATE SI	GNED)				
														1	D															

DOCUMENT NUMBER